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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/034.771	12/19/2001	James R. H. Challenger	AUS920010794US1	1221

TTILE OF INVENTION: METHOD AND SYSTEM FOR A FOREACH MECHANISM IN A FRAGMENT LINK TO EFFICIENTLY CACHE PORTAL CONTENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	08913/2008	MAHMED2 ^{\$17} 0000007	090447 ^{8/15/2008} 771
EXAMINER BOUTAH, ALINA A		ART UNIT	CLASS-SUBCLASS	01 FC:1501	1440.00 DA	
		2143	709-203000	02 FC:1504	300.00 DA	
CFR 1.363). Change of corresponders form PTO/S The Fee Address in PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME APLEASE NOTE: Unrecordation as set for (A) NAME OF ASSIGNEE Internation	lication (or "Fee Address D2 or more recent) attack LND RESIDENCE DAT. less an assignee is ident th in 37 CFR 3.11. Com GNEE DNAI BUSINESS	Indication form ned. Use of a Customer A TO BE PRINTED ON iffed below, no assignee pletion of this form is NO	or agents OR, alternative (2) the name of a single registered attorney or a 2 registered part attoler	a 3 registered patent attorively, e firm (having as a membagent) and the names of urncys or agents. If no nan printed. De) atent. If an assignee is it assignment. Y and STATE OR COUNTAINED.	meys 1 Michael p to ne is 3 dentified below, the doc TRY) New York	_
	are submitted: v	d above) us. See 37 CFR 1.27. uired) will not be accepte	☐ Payment by credit car ☐ The Director is hereby overpayment, to Depo ☐ b. Applicant is no lon d from anyone other than t	d. Form PTO-2038 is atta v authorized to charge the sit Account Number 09 ger claiming SMALL EN	ached. required fee(s), any defice 0447 (enclose and feet)	ciency, or credit any extra copy of this form).
interest as shown by the	/Michael Ro	ntes Patent and Trademark OCCO Cannatti OCCO Cannatti	office.	DateAugu	st 6, 2008 34,791	

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nonprovisional -	NO	. \$1440	\$300	\$0	\$1740	08/15/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
BOUTAH, ALINA A 2143			709-203000	•		
CFR 1.363). Change of corresp Address form PTO/Si Fee Address" ind PTO/SB/47; Rev 03-(Number is required. 3. ASSIGNEE NAME A	lication (or "Fee Address 02 or more recent) attack	ange of Correspondence "Indication form ned. Use of a Customer A TO BE PRINTED ON	or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attornively, e firm (having as a membagent) and the names of urneys or agents. If no namprinted.	meys 1Michael per a 2Michael p to nc is 3	& Terrile, LLP Rocco Cannatti ument has been filed fo
(A) NAME OF ASSI	GNEE onal Business	Machines Corpo	(B) RESIDENCE: (CITY	and STATE OR COUNT Armonk, 1	TRY) New York	_
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	/Michael Ro	occo Cannatti	/	Date	st 6, 2008	
Typed or printed nam	_e Michael Ro	occo Cannatti		Registration No.	34,/91	

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